

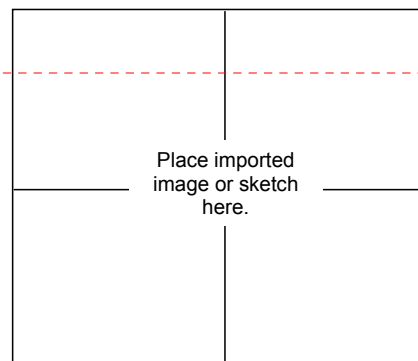
Name: Ima Farmer Date: 7/18/03 Ident. No.: _____Legal Desc.: NE 1/4, Sec 9, T 12, R 38 Field No.: 1 County: WashinCritical wind erosion management periods: from November 15 to May 1Prevailing wind direction during critical wind erosion management period: NW 338°

(I) Dominant soil series: 007 FA/Farnum
Soil erodibility factor: 86
Soil loss tolerance: 4 (T/AC/YR)
Knoll erodibility adjusted ("I"): 86 x 1.6 = 134

(K) Soil ridge roughness factor "Krd": .45
Row direction E-W
Ridge height 3 inches
Ridge width 12 inches

(C) Climatic factor: .70

Location map: Import ArcView image, reference conservation plan map, or provide a sketch denoting field boundary, field number, land use, acres, and scale used.



Scale _____

Comment: See Table 502-1, National Agronomy Manual, for appropriate values to determine "I". Round total to table values as indicated in Table 502-2, National Agronomy Manual.

Example continued below



(L) Total field width (unsheltered distance): 5280 (ft) Field orientation (N-S, E-W, etc.): N-S

| | Year | Crop | Width | Percent cover | | Year | Crop | Width | Percent cover |
|----------|------|------|-------|---------------|----------|------|------|-------|---------------|
| Strip #1 | 1 | WW | 280 | 20 | Strip #3 | | | | |
| | 2 | GS | 280 | 30 | | | | | |
| | 3 | WW | 280 | 20 | | | | | |
| | | | | | | | | | |
| Strip #2 | 1 | GS | 280 | 20 | Strip #4 | | | | |
| | 2 | WW | 280 | 30 | | | | | |
| | 3 | GS | 280 | 20 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Predicted soil erosion (before) T/AC/YR: 13.4 (after) T/AC/YR: 4.9

Notes: (Use arrow key to move to the next line.)

USDA
NRCS

Cross Wind Stripcropping – 589B

KS-ECS-589B
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Legal Desc.: NE 1/4, Sec 9, T 12, R 38

Technical Service Provider

Signature _____ 7/18/03
Layout by _____ Date

Signature _____ 7/18/03
Designed by _____ Date

Signature _____ 7/18/03
Checked by _____ Date

Signature _____ 7/18/03
Approved by _____ Date

Producer's Statement

The design of this practice has been discussed with me, and I concur with the design. **No substitutions are allowed without the approval of the technical service provider.**

Signature _____ 7/30/03
Signature _____ Date

Certification

This applied practice meets Kansas standards and specifications.

Signature _____ 7/18/03
Technical Service Provider _____ Date

This practice has been applied as designed.

Signature _____ 7/30/04
Producer _____ Date